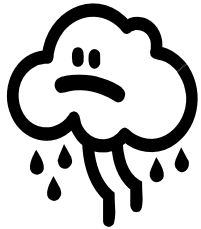


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*Important story at this spot



Mom gets prison for torturing son

Thursday, April 26, 2007

By Danielle Quisenberry

dquisenberry@citpat.com -- 768-4929

A 31-year-old Jackson woman will spend at least 12 years in prison for abusing and torturing her 6-year-old son.

Jackson County Circuit Judge John McBain sentenced Jeannine Nyies on Wednesday to 12 to 30 years in prison for child torture and eight to 15 years for first-degree child abuse.

He first sentenced her to a minimum of eight years, but then changed the sentence Wednesday afternoon, after he realized it was outside the recommended sentencing guidelines.

"This is probably one of the most difficult cases I've had to preside over," he said. "It is difficult for me to see how a mother could do this to her son."

Nyies and her boyfriend, Ian Anderson, who were both arrested in August, hit the boy at least 100 times with a spatula until his buttocks were raw and became infected, according to testimony. The two also locked the boy in the basement and Nyies forced him to stand in a corner on his tip toes, previous court hearings revealed.

Anderson was sentenced in March to 18 to 30 years in prison, the maximum sentence for child torture. He was the first in the county, and possibly in the state, charged with the new law.

McBain said he did not believe Nyies demonstrated the "same level of depravity" as Anderson, a prior felon and admitted heroin addict.

Still, she both hurt and failed to get the boy help, the judge said.

"What was going on with your maternal instincts? You did nothing to protect this child," McBain said.

Nyies said she didn't think she could go to anyone for help. She said she loves the boy and his half-brother, Anderson's son, whom she gave birth to in February.

"I am sorry I can't go back and change things, but I can't," she said, as her family sat behind her in the court room.

She deserves some sort of punishment, said her teary-eyed mother, Debbie White, after the sentencing. "But I am her mother and I want to protect her like she didn't protect (her son)."

White said she fully blames Anderson for what happened.

Before she met Anderson, Nyies was a working single mom who was going back to school and had only one prior misdemeanor on her record, said defense attorney Anthony Raduazo.

She made bad decisions, said Nyies' brother-in-law, David Bell of Blackman Township.

"I think she wanted to be loved by someone so much she forgot about her son," Bell said.

Bell and his wife, Joanna, plan to adopt the 21/2-month-old son of Nyies and Anderson. There will be a hearing June 11 to determine whether Nyies' parental rights are terminated.

Her 6-year-old son is staying with his biological father and his wife in Jackson.

"By the grace of God, he'll be fine," White said. "But he is going to carry the scars for the rest of his life."

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April 26, 2007

Baby is found in trash bag

Cops say grandfather found infant, who was trapped for hours; mom held on attempted murder and abuse.

Doug Guthrie / The Detroit News

WESTLAND -- The sound of a newborn's cry led a man to a baby in a plastic garbage bag -- and could lead his daughter to life in prison.

Shortly after his birth, the boy is believed to have been sealed inside the bag for up to three hours before he was discovered by his grandfather, a man who police call a hero but whom they declined to identify. The baby was in good condition Wednesday at an undisclosed hospital, according to Westland police.

Valeeka Noelle Gartrell, 27, of Westland remains in Wayne County Jail in lieu of a \$100,000 bond after 18th District Court Magistrate Donald Vandersloot arraigned her Tuesday on charges of attempted murder and first-degree child abuse.

The child originally identified in police investigative reports as John Doe was named Patrick Gartrell in court records on Wednesday.

"All indications are that the baby is healthy," Detective Lt. Dan Karrick said. "I feel thankful the child is alive and thankful for the actions of the grandfather and the hospital that made that possible."

Gartrell had been taken Monday by her parents to a hospital suffering what she said was bleeding from prebirth complications, Karrick said. Upon arrival, medical workers told Gartrell's mother and father that the baby already had been delivered.

The man rushed home and frantically searched the house until he was led to the garage by the sound of a baby crying, Karrick said. The man dialed 911 and followed instructions about keeping the infant warm until help arrived.

"His actions saved the baby's life," Karrick said.

"We're not sure about her motivation for doing this. She made some statements to us that were a little conflicting."

Karrick refused to identify the baby's grandfather, honoring what he said was a request for anonymity.

Authorities have requested action by the state's Child Protective Services to determine who should have custody of the infant.

You can reach Doug Guthrie at (734) 462-2674 or dguthrie@detnews.com.

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ClickOnDetroit.com

Baby Found In Trash Bag, Mother Facing Charges

POSTED: 11:34 am EDT April 25, 2007
UPDATED: 9:15 am EDT April 26, 2007

DETROIT -- Police said a grandfather made a disturbing discovery on Monday when he found a baby in a garbage bag in his Westland garage.

Police said the baby was still alive when it was recovered.

The mother of the baby, Valeeka Artrell, 27, asked her mother and stepfather to take her to the hospital on Monday because she said she was having abnormal bleeding.

Artrell told the doctor she thought she had a miscarriage, but police said the doctor's exam revealed that she had given birth.

Artrell's stepfather said he went home and found an infant baby boy inside a garbage bag.

Westland police are calling the child's grandfather a hero.

"The grandfather in this case is a hero in my eyes. He saved that child without a doubt," Westland police Lt. Dan Karrick said. "Even though it was warmer that day, the child could certainly have faced problems of exposure and suffocation."

Authorities said Artrell was charged Wednesday with first-degree child abuse and assault with intent to murder after putting her son in a garbage bag and closing it.



Artrell is being held at the Wayne County Jail on a \$100,000 bond.

Police said the baby is OK and is in protective custody. Artrell also had a 3-year-old daughter that police said is also in protective custody.

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Article published Apr 25, 2007

Mother accused of dumping newborn in garage

By Darrell Clem
Staff Writer

A 27-year-old Westland woman delivered her own baby at home, put it in a garbage bag, walked to the garage as she bled, and placed the newborn boy on the floor to die, according to Westland Police.

Miraculously, the baby lived.

The plot unfolded like a heartbreaking movie of the week, like a tragic incident that happens somewhere far away – not here, not in this quiet neighborhood on the city's northwest side.

Sadly, authorities say, it did happen here, on an otherwise typical spring day near Joy and Hix roads.

Wednesday afternoon, the child's mother, Valeeka Noelle Gartrell, was in the Wayne County jail on charges of assault with intent to murder and first-degree child abuse.

Her bond: \$100,000 cash.

She could face life in prison, or lesser penalties, if convicted. Westland 18th District

Magistrate Donald Vandersloot entered a not-guilty plea for the mother as she awaits a May 3 hearing that will determine whether she should stand trial.

It wasn't a secret that Gartrell, who also has a 3-year-old daughter, was pregnant, police Sgt. Chris Benson said. She lived with her mother and stepfather, and they knew.

"Everyone knew she was pregnant and due to deliver at the end of April," Benson said. "Everyone was good with that."

Police believe that Gartrell delivered her baby about 11 a.m. Monday, put it in a garbage bag, tied it up and placed in on the garage floor. Two hours later, she woke her mother, who works nights and was sleeping.

"She comes in, wakes her mother and says she's bleeding," Benson said.

Her parents took her to St. Mary Mercy Hospital in Livonia, fearing that Gartrell may be having complications from her pregnancy, Benson said.

"The staff checks her out only to find that she is no longer carrying the baby and she has recently delivered," the detective said.

While Gartrell's mother remained at the hospital, her stepfather and another relative returned to the home to search for the baby.

"They hear crying and find the child in the garage in a garbage bag, on a floor by a wall," Benson said.

Authorities had no real theories why this mother would be accused of such a crime.

"I can't even imagine," Benson said. "The family was all completely shocked. She never gave an indication she didn't want the baby or that she wanted to terminate the pregnancy."

Gartrell is accused of making conflicting statements to police – none of them reliable, Benson said.

"As far as we know, she had a natural birth," he said.

The newborn boy was still at St. Mary Mercy Hospital on Wednesday afternoon.

"The baby is in good condition," said Julie Sproul, vice president of marketing and public relations. "We're very relieved."

Sproul praised the hospital staff for doing "an extraordinary job" in helping the baby and the family.

The baby and Gartrell's 3-year-old daughter will be referred to the state's Child Protective Services, Benson said. The newborn

is expected to be released from the hospital on Thursday.

Gartrell had arrived at the hospital about 1:45 p.m. Monday. Her family members and the hospital later contacted the police in separate phone calls, Benson said.

Gartrell had no record of regular prenatal care, Benson said, although she had been seen previously by a doctor. She had no known history of mental illness, Benson said.

Gartrell has told police that the same man was the father of both her children, "but he wasn't involved in their lives," Benson said.

As tragic as the circumstances, both Benson and Sproul said the mother could have avoided criminal charges had she simply turned her baby over to caring hands.

Under a so-called Safe Haven law, Gartrell could have taken the child to a hospital, a fire department or a police station, Benson said.

Sproul confirmed that Gartrell or any family member could have brought the baby to St. Mary Hospital and turned it over to any employee "without fear of reprisal."

Man charged with abuse of baby

Suspect had 'no business being around a child,' cops say

By John Michalak
Daily Tribune Staff Writer

HAZEL PARK -- A Hazel Park man who served eight years in prison for attempted murder has been arraigned on a charge of abusing the 10-month-old son of his live-in girlfriend.

Michael Stephen Snyder, 33, of Hazel Park, is held in lieu of a \$1 million cash bond pending his preliminary examination May 8 in Hazel Park District Court.

"The child is still in the care of the hospital," said Hazel Park Detective Lt. Michael Kolp on Wednesday. "It's unknown what the long-term effects of the injuries are."

The infant's condition on Wednesday was listed as "good," said a spokeswoman at William Beaumont Hospital, Royal Oak.

Police were summoned to Beaumont on Friday after Snyder and his girlfriend drove the infant to the hospital. Hospital officials told police the boy had fresh and old bruising all over his body. A CAT scan determined the boy also had bleeding on the brain, said police, adding his condition initially was "listless" which hospital officials considered serious for a child.

Doctors also told police the infant had bruising on his eyelids, under his eyes, on the face, neck, nose, buttocks, leg, inside his ear and inside his head. Police viewed the infant and said bruising on his neck appeared to include finger marks. The youth's back was severely bruised and his buttocks had fresh welts and some old bruising, police said.

The mother explained her son's injuries were caused from falls and crawling, police said. However, a Beaumont physician told police the injuries are not common "to children just being children."

A Beaumont nurse contacted Oakland County Protective Services after the infant was brought to the hospital, police said. The mother, 23, told the nurse her boyfriend had been babysitting the infant while she worked at a fast-food restaurant, police said.

Snyder telephoned the mother indicating the infant was eating and began to choke and vomit, police said.

Snyder propped up the boy and inserted a finger into his mouth to make sure no food was causing the problem. The boy bit Snyder's finger and the infant became limp and fell asleep, police were told.

Snyder called 9-1-1 and paramedics determined the infant was OK and could be transported to the hospital by him if he chose to, police were told. Snyder put the boy in the car, picked up mother at work and went to the hospital, reports said.

The mother told police she had no concerns about leaving her son with Snyder, who spent eight years in prison in connection with a 1997 drive-by shooting in Wayne County. He had been released from prison in October. The mother told police Snyder has been her boyfriend for six months and her roommate for three of those months.

The mother said she didn't cause the bruising, police said. The mother had trusted Snyder, but began doubting that trust when the bruising got worse since she started working, police said.

Police interviewed Snyder, who works a midnight shift and cares for the child when the mother leaves for work on a day shift. Snyder, police said, admitted he gets "frustrated" with the infant and "handles (the boy) more rough than he should." Snyder also acknowledged he was "frustrated" with the boy on Friday because he was "fussy, crying and not sleeping," reports said. Snyder hadn't slept for two days, he told police.

While Snyder claimed never to punch or slap the infant, he admitted he "grabbed (the boy) out of his high chair roughly and held him by the neck firmly," police said. Snyder also told police he put the boy "in his bed (roughly) and his head snapped back." The boy also may have gotten bruises in his ear from Snyder "playing with his ears," he told police.

Kolp said Snyder's alleged actions were on the verge of Shaken Baby Syndrome which can be fatal.

"Thank God the boy was a little older," Kolp said. "Had he been a little infant it could have been worse."

Kolp said Snyder's propensity for violence shows he had "no business being around a child. That's what he was in prison for." He described the case against Snyder as "rock solid."

Snyder is charged with first-degree child abuse which is a felony punishable by up to 15 years in prison. Snyder requested a court-appointed attorney and was ordered to have no contact with the victim should he post bond.

Contact John Michalak at john.michalak@dailytribune.com or (248) 591-2521.

Man charged for sex with teen waives exam

By Jeremy Carroll
C & G Staff Writer

SHELBY TOWNSHIP — One of the two 21-year-old men accused of having sex with a 14-year-old Utica girl waived his right to a preliminary exam, and the case has been bound over to circuit court.

Christopher Michael Garcia waived his right to a preliminary exam in 41-A District Court on April 17. Garcia is accused of having sex with the girl, and failing to register as a sex offender.

James Edward Przeadzki, also 21, is accused of having sex with the girl, as well. Przeadzki waived the 14-day rule on the preliminary exam, and the exam will be heard in district court.

The girl's mother, who is accused of child abuse and contributing to the delinquency of a minor, also will have her preliminary exam at a later date. The woman's name is being withheld to protect the identity of the 14-year-old girl.

Garcia's attorney, Robert Plumpe, said his client has had a difficult and troubled life, but argued his \$1 million bond should be reduced.

"I understand these are very serious charges, but \$1 million seems excessive," he said.

Judge Douglas Shepherd denied the motion in change of bond.

"I have concerns as it relates to the safety of the community," he said.

He similarly denied a motion of a reduction of bond for Przeadzki, who is facing a third-degree sexual assault charge, and a charge of fourth-degree sexual assault.

The girl's mother, also held on a \$1 million bond, had her bond reduced to \$15,000 at her hearing on April 17.

The 14-year-old girl is currently pregnant because of a relationship with Garcia, Utica police previously said.

They heard about the situation from both protective services and a father of another 14-year-old girl who told police about an incident involving his daughter and Przeadzki.

According to circuit court documents, Garcia faces two charges of third-degree criminal sexual conduct. Each charge of third-degree criminal sexual conduct carries a maximum sentence of 15 years in prison. The fourth-degree charge that Przeadzki is facing is a misdemeanor.

The child abuse charge the mother faces is a felony, with a maximum sentence of four years in prison if convicted. The other charge she faces is a misdemeanor.

You can reach Jeremy Carroll at jcarroll@candgnews.com or at (586) 279-1110.

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April 26, 2007

Group forms to help state's uninsured

Michigan Health Insurance Access Advisory Council plans to work on long-term health care goals.

Kim Kozlowski / The Detroit News

A group of business and healthcare leaders plans to announce today the creation of a new council that will work toward long-term solutions for Michigan's 1.5 million uninsured residents.

The Michigan Health Insurance Access Advisory Council will fill a void left by the term-limited Legislature, which lacks continuity and institutional knowledge of the problem, said Rob Fowler, president of the Michigan Small Business Association.

"This is a long-term problem; it's going to take long-term solutions," said Fowler, council chairman. "It's a big, complicated public policy issue that has to play out over a number of years to move the state toward a policy solution."

State officials are working to get federal permission to expand health insurance to those without coverage, but that effort, if approved, would only cover half of the state's uninsured. The group aims to address Michigan's uninsured problem regardless of the outcome of the state's efforts.

Chris Kupski, an uninsured Dearborn Heights resident who struggles to pay for his prescriptions and can't afford surgery on the herniated discs in his back, is pleased to see someone taking some steps to address his plight and others.

"If they're trying to fight for health so we can get health insurance that sounds good," said Kupski, 41. "You have to stay healthy."

The council is the result of a recommendation by the Michigan State Planning Project for the Uninsured, a report that was issued by the state Department of Community Health in August.

That report showed 73 percent of households with uninsured residents have at least one adult who is employed full-time and that 40 percent of Michigan businesses do not offer their employees health insurance.

The 29-member board of directors includes representatives from the labor, faith, insurance and consumer communities. Among them are representatives of the Greater Detroit Area Health Council, the Economic Alliance for Michigan, the Michigan Catholic Conference and the Michigan AFL-CIO.

You can reach Kim Kozlowski at (313) 222-2024 or kkozlowski@detnews.com.

Get involved

Want to get involved in the Michigan Health Insurance Access Advisory Council?

Call (248) 448-5056 or e-mail mihiac@sbcglobal.net.

The next meeting will be 2 p.m. May 7, at the Michigan Health & Hospital Association, 6215 W. St. Joseph Highway, Lansing.

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April 26, 2007

State cuts may hurt Medicaid funding

Budget deficit could mean chopping from hospital aid to the poor to ease budget woes.

Sofia Kosmetatos / The Detroit News

Michigan hospitals say they'll have to slash services to the poor and cut jobs if the state legislature passes proposed budget cuts to Medicaid in an effort to close a \$400 million budget deficit.

The House bill would make the deepest cuts to hospitals -- \$28 million in the remainder of the fiscal year, which ends Sept. 30, compared with \$13.4 million in the Senate bill and \$5 million in Gov. Jennifer Granholm's budget proposal.

Hospitals were spared in last year's budget, but have seen more than \$686 million in cuts since 1996, according to The Partnership for Michigan's Health, a coalition of organizations representing the state's doctors and hospitals. Further cuts would spell disaster on several fronts, and could mean more hospital closures, fewer doctors accepting Medicaid payments and less access to care for the poor and uninsured.

"We do not issue this warning lightly. If lawmakers cut health care again, they will be voting to eliminate good jobs and deny health care to residents across Michigan," said Spencer Johnson, president of the Michigan Health & Hospital Association.

The proposed cuts come at a time when hospitals are serving a ballooning number of Medicaid patients. One in seven Michiganiens is covered by Medicaid, and the numbers are rising as more people lose their jobs. Hospitals also are seeing more people who don't qualify for Medicaid but don't have any insurance, either.

Oakwood Healthcare System, for example, has had a 25 percent increase in the past six months in the number of patients who can't pay for services. That increase pushed the system's uncompensated care costs to nearly \$70 million, compared with \$40 million in 2004, said Gerald Fitzgerald, president of Oakwood Healthcare, Inc. and MHA board chair.

In a recent survey of its members to be released today, the association asked what would happen under a \$100 million (3 percent) cut to state Medicaid payments, which are matched by federal dollars.

65 percent of hospitals that responded said they would cut jobs.

62 percent said they would increase employee co-payments for health care coverage.

65 percent said they would reduce community benefit activities such as diabetes education, school nurse programs, smoking cessation, weight-loss programs, health clinics and other prevention and wellness programs.

For lawmakers, the cuts are an unfortunate reality.

"We're in the middle of a budget crisis, and it is on us because of the loss of manufacturing jobs," said State Sen. Tom George, a Republican from Kalamazoo. Even though he is a doctor, he said he wouldn't advocate sparing hospitals over other services, like police, fire and schools. "Our duty in the legislature is to spread the pain as far and thinly as we can to try to do it fairly," he said.

Granholm spokeswoman Liz Boyd said the governor has tried to preserve Medicaid funding. "If we make cuts to Medicaid, there's a real human toll, whether it's from denying services to the vulnerable or challenging an important part of our economy."

Legislation on the table

Here are the proposals under consideration:

Gov. Jennifer Granholm : Keep Medicaid funding at current levels but eliminate a recently established \$5 million fund for hospitals that see the largest numbers of uninsured patients and Medicaid patients.

Senate : Cut funding to hospitals \$13.4 million for the remainder of the fiscal year, which ends Sept. 30. Under this plan, cuts would come partly from Medicaid rate reductions and additional co-pays and deductibles for certain patients.

House : Cut hospital funding \$28 million for the remainder of the fiscal year. Under this plan, all Medicaid provider rates would be cut 6.25 percent.

Source: Michigan Health & Hospital Association

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April 26, 2007

Infant Deaths: Shame of a Nation (6 Letters)

To the Editor:

Re "In Turnabout, Infant Deaths Climb in South" (front page, April 22):

When my colleagues and I started a community health center in the Mississippi Delta in the 1960s, we estimated the actual black infant mortality rate in our area at nearly 60 per thousand live births.

The causes were abysmal poverty, wide unemployment, crumbling shacks, outright malnutrition, contaminated water and lack of transportation.

We addressed those problems, in addition to providing desperately needed medical care. The infant mortality rate dropped sharply.

Those causes persist, now worsened by deep cuts in Medicaid and welfare.

The consequence of shredding the social safety net is more dead black (and white) babies. No health service can overcome the effects of social policies that devastate the lives of the poor.

This is not just a health problem; it is a measure of our moral commitment to a fair chance for survival. We should be enraged, and ashamed, that these preventable excess deaths continue, and increase, among us.

H. Jack Geiger, M.D.

Brooklyn, April 25, 2007

The writer was a founding member and national coordinator of the Medical Committee for Human Rights.

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To the Editor:

It is troubling that progress in reducing the black infant mortality rate has stagnated and that the rate is rising in Mississippi.

For half a century, the black infant mortality rate has been approximately double the white rate. This disparity is complex and cannot be explained solely by medical or socioeconomic factors.

We know that the mortality rate of infants of foreign-born black women in this country is significantly lower than for infants of native-born black mothers and that Hispanics, in spite of high poverty and very low education rates, have infant mortality similar to whites.

It is likely that this new trend among blacks in areas of the South is related, in some fashion, to chronic emotional stress secondary to persistent poverty, a feeling of hopelessness, racial discrimination and health conditions.

A comprehensive approach beyond just the medical model is called for.

Patrick Dowling, M.D.

Los Angeles, April 24, 2007

The writer is a professor and chairman of the department of family medicine, David Geffen School of Medicine at U.C.L.A.

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To the Editor:

Your article shows what many in the public health community have long known to be true: reductions in public health services and insurance programs, especially on a state or community level, have very real health consequences. Infant mortality is the most sensitive measure of that health impact.

Perhaps more important, however, is your portrayal of the strong connection between health and poverty. While aggregate health measures in the United States have greatly improved over the last century, there remain vast regional, racial and economic health inequities, as your article demonstrates.

To target these inequities, public policy must adopt a broader perspective that recognizes the importance of the socioeconomic determinants of health.

Alexander Hertel-Fernandez

Evanston, Ill., April 22, 2007

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To the Editor:

As a medical student at an inner-city hospital, I see poverty all the time, but not the poor black towns in your article. We have pockets worthy of the third world in our midst, and no one has noticed it until now! It's about time that health care is brought back to the forefront of the political ground; no mother should bury a baby just because somewhere along the way, somebody forgot that people like her need help.

Farheen Qurashi

Mission, Kan., April 22, 2007

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To the Editor:

Everywhere across this country, you will find similar issues associated with the infant mortality: pre- and post-natal care, poverty,

access to medical care, health insurance and so on.

When we conducted our analysis of infant mortality in Tennessee last year, we found that even when we controlled for income, African-American mothers had a higher infant mortality rate than white mothers. Why is this? We need to look at other plausible risk factors like intergenerational stress among African-American populations.

Pramod Dwivedi

Nashville, April 22, 2007

The writer, an epidemiologist at the Tennessee Department of Mental Health and Developmental Disabilities, was formerly with the Tennessee Department of Health.

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To the Editor:

Sometimes, people reject help because of the manner in which it's offered. I discovered in the course of a long career as a community mental health worker that it is vitally important to avoid making potential service recipients feel even more inferior than many already feel, albeit mistakenly.

It is quite easy, sadly, to rush to judgment in the helping professions. When that happens, we can expect that some people we are offering to help will view refusal as the best means of preserving their dignity.

Vanessa Whippo

Danville, Ill., April 22, 2007

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Ada extended family has 36 adopted children

Thursday, April 25, 202007

By ERIN L'HOTTA

There was never a dull moment in the Schout family.

The Ada Township couple adopted not one or two children, but 14. The children, now ranging in age from 27 to 38, are black, white, Hispanic, American Indian and multiracial.

"Because we weren't able to conceive, we wanted children," Janet Schout said. "The first two we adopted were blonde babies, but we wanted more."

In the 1970s, Janet and Bob Schout became the first white family in Oakland County to adopt a racially mixed child. Since they moved to Forest Hills in 1981, they've adopted eight children from D.A. Blodgett for Children, ranging in age from infancy to 15 years old.

The Schout's children are 14 out of 36 adopted children in their extended family, many of which are from several ethnicities.

Among Schout's 11 siblings, there are 71 children, half of which are adopted.

"There's some that are Korean, Puerto Rican, Native American and Bolivian," Schout said. "We really are no longer a white family, we have a lot of mixes."

Schout's younger sister was the first family member during the 1960s to adopt children after she learned she couldn't have children naturally.

"We embraced her idea," Schout said. "We think every child has the right to have a father, mother and family."

Schout said it was her parents, Bernard and Anna Berg of Ada, who instilled a value for loving children. Since 1973, the Berg family has been involved in the pro-life movement. Every Thursday for years, Bernard picketed outside abortion clinics, advocating for the life of children. After his wife's death in 1987, he became involved with Baptist for Life, a Grand Rapids based pro-life Christian organization. He regularly donated diapers to parents at Baptist for Life's pregnancy care center. Many of his 12 children followed in his footsteps, protesting against abortion in Washington D.C. and serving as board members of Baptist for Life.

"My family's very pro-life that we take it to the point of adopting," said Michele De Leeuw, Schout's sister who lives in Grand Rapids and has 10 children of her own. "They did it because they just loved kids. They didn't care where they came from."

Since Bernard died in 2001, a foster care home in Hammanskraa, South Africa has been named in his and his wife's honor. The home is part of Bethesda Outreach, an Evangelical Baptist organization that assists South African churches by meeting the needs of orphan children.

The Bernard and Anna Berg memorial home provides a house for a volunteer foster family that adopts up to eight children who are orphaned by parents who died from AIDS.

The memorial home was named after the longtime Ada couple because Baptist for Life made a donation in their name to honor the Berg's love for children.

De Leeuw, who creates children's cards, donates a third of her profits to Bethesda Outreach. The cards

feature drawings of little children from all nationalities.

"My parents taught us all how to love children," De Leeuw said. "It's at least a little something I can do."

"My dad taught us that we have to care for the weak," Schout said. "There's kids all over who are just really suffering, but they all have a right to a home and an opportunity."

Schout, De Leew and many of their siblings hope to someday travel to South Africa and see the memorial home to honor the love for children their parents instilled within them and their many kids.

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ourMidland.com
from the Midland Daily News

04/25/2007

Sexual violence is preventable in our community

By Sharon Mortensen

Sexual assault is a difficult subject but widely prevalent even in our community. Children, teens, adults and the elderly are sexually assaulted each year. April is Sexual Assault Awareness Month. This month focuses attention on the issue of sexual assault and ways to prevent this violence. Last year 96 complaints for criminal sexual conduct were reported to law enforcement in Midland County. Rape continues to be the most underreported crime in the United States, according to the U.S. Department of Justice. So we know that many other acts of unreported sexual violence took place in our community. The slogan being promoted nationally during April is "Prevent Sexual Violence ... in our communities." This slogan reinforces the idea that sexual violence is preventable. As a community, we want to promote healthy relationships and increase awareness about the devastating impact of sexual violence.

Who is Impacted by Sexual Assault?

Every two and a half minutes, a person is raped in this nation. Who are these victims? They could be of any age, ethnicity, race, educational level or socioeconomic status because sexual violence knows no boundaries. Nationwide 1 in 6 women and 1 in 33 men experience an attempted or completed rape as a child and/or an adult. The United States has the highest rate of rape of any country that publishes such statistics: 13 times higher than Great Britain and 20 times higher than Japan. In Michigan, 40% of women have experienced some form of sexual violence since the age of 16. Who are most at risk of sexual violence? Here are a few statistics:

- Women are at greater risk. An estimated 91% of rape and sexual assault victims were female. However, it is important to note that males are least likely to report a sexual assault so the actual percent of male victims may be higher.
- Those who are younger are most at risk of sexual assault with 80% of rape victims under age 30. For women, more than half (54%) of all rapes occur before age 18 and for men 75% of all rapes occur before age 18. Teens and college students are particularly at risk. One in four college students reported that they had been the victim of attempted or completed rape.
- Persons with disabilities are at 1.5 to 5 times the risk of sexual abuse and assault as are members of the general population. Of the most frequent crimes against people with disabilities, more than 90% are sexual offenses.
- Studies show that poverty does put individuals at even greater risk for sexual assault. Poverty may make the daily lives of women and children more dangerous. Resources to help after sexual assault has taken place may be even more limited for those with lower incomes.

What Are the Facts Versus the Myths About Sexual Assault?

There are common myths about sexual assault. We can better prevent violence in our communities if we understand the realities of sexual assault versus the myths.

- One myth is that sexual violence is perpetrated by strangers. The fact is only 34% of rapes were committed by strangers. The remainder were committed by friends, acquaintances, relatives or intimate partners.
- Another myth is that the victim dressed or behaved in a way that somehow "invited" an attack. The reality is that no one asks to be abused or assaulted. The assault was in no way the fault of the victim — no matter where they were, the time of day or night, what they were wearing or what they said or did. If victims did not want the sexual contact, then the abuse was in no way their fault.
- A common myth is that sexual assault primarily takes place in dark alleys or parking lots. While that can and does happen, the Department of Justice reports that 6 out of 10 sexual assaults/rapes take place in either the victim's home or the home/apartment of friends, relatives or acquaintances.
- The myth that false reports of rape are common does not match the facts. False allegations of rape are 2-3%, no different than that for other crimes. However, the National Crime Center estimates that only 16% of rapes are ever reported to law enforcement.

Knowing accurate information can help us better understand and prevent sexual assault.

What Are Ways to Prevent Sexual Violence?

Teaching about healthy relationships and respect for others is a start in the prevention efforts. Currently a task force in Midland is working to develop a community plan to address this issue. Some steps individuals can take to reduce their risk of sexual assault are to go with a group of friends to a party or event and stay with the group through the party, do not be isolated with someone you don't know or trust, think about the level of intimacy you want in a relationship and clearly state your limits, be aware of your surroundings, and carry a pager or cell phone to be able to quickly communicate with others.

Parents can help educate their children to reduce their risk of sexual assault. Parents need to talk openly with their children and communicate, communicate, communicate! Parents can teach children about their bodies, let them know what touch is and is not okay and talk about what to do if an adult causes them to feel uncomfortable. Keep talking as children grow into their teen years. We know teens are at great risk — let your teens know you are open to hear their concerns and challenges.

What Impact Does Sexual Violence Have?

In the proclamation declaring April as Sexual Assault Awareness Month in Michigan, the governor stated that "sexual assault is an intolerable violent crime with public health implications for every person in the United States." Rape is a significant social and health problem in our state and our community.

Survivors of sexual assault experience a wide range of physical, emotional and social consequences. Reactions include shock and numbness, fear, guilt, self-blame, loss of control, isolation, distrust, anger, vulnerability and disruption of daily activities. Survivors may experience a few, some, or none of these reactions. Each individual may handle the trauma of the rape experience differently. There is no right or wrong way to react to sexual assault. Sexual assault affects not only the victim but the loved ones and the family of the survivor, as well as the community.

Sexual violence costs billions each year in lost productivity and work time, healthcare and mental health services for victims, and incarceration of convicted perpetrators. The cost to the individual is indeed great as 50% of women who are sexually assaulted develop Post Traumatic Stress Disorder (PTSD), and sexual assault is closely associated with depression and anxiety disorders according to the John Hopkins School of Public Health. Since victims are unlikely to report the violence, many do not receive assistance until years after the assault.

How Can Victims Get Help?

The Council on Domestic Violence and Sexual Assault (Shelterhouse) is the local rape crisis center and is here to help. Survivors of sexual assault, children through adults, can receive free services to help them recover from the impact of sexual violence. For those who have just been sexually assaulted, the Sexual Assault Nurse Examiner (SANE) program at MidMichigan Medical Center-Midland offers specially trained nurses who provide rape exams at no charge to victims. Advocates from Shelterhouse stay with the victim throughout the exam process and then provide follow-up services.

To provide support to a friend who has been sexually assaulted:

- Listen without judging.
- Let your friend know the assault was not his/her fault.
- Let your friend know that she/he did what was necessary to prevent further harm.
- Let your friend know that you care.
- Encourage your friend to talk about the assault with an advocate or counselor. Also encourage your friend to seek medical attention.

During Sexual Assault Awareness Month, we can educate ourselves about the reality of sexual assault and ways to help those impacted by this crime. April provides a month to raise awareness, educate our community, and prevent sexual violence ... in our community!

Sharon Mortensen is the executive director of the Council on Domestic Violence and Sexual Assault (Shelterhouse) which provides services to those impacted by sexual assault and domestic violence in Midland and Gladwin Counties. You can contact Shelterhouse by calling toll-free 1-877-216-6383 or 989-835-6771. The website address is www.shelterhousemidland.org.

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THE BAY CITY TIMES

Good Samaritan Rescue Mission is a welcome addition to Bay City

Thursday, April 26, 2007

The faces of homelessness in Bay County may be hard to recognize.

To a huge extent here, they aren't all men and they aren't all alone.

They are women and children.

They are part of the reason why the Bay Area Continuum of Care Committee, a group of about 30 local nonprofit agencies dedicated to helping the homeless, invited the City Rescue Mission of Saginaw to establish a mission in Bay City.

It opened in 2005.

That welcome addition to the community is now helping a steady stream of single women, women with children and families get their lives together and get back on their feet.

Many thanks to the Good Samaritan Rescue Mission for its recent open houses to show the Bay area community the good work done there.

Wings of the former hospital building are in the works for men, and for intact but homeless families with a mother, father and children.

The more we learn about Good Samaritan and its good works, the more we wonder how this community ever got along without it.

Sure, it provides three hots and a cot.

But it also gives its clients direction with lives that may have spun out of control.

Everybody is up and at 'em early in the morning. Breakfast and chores follow in short order.

Adults are expected to seek work. When they do get a paycheck, shelter workers show them how to manage the money and save for their own place to stay.

If not at work or out on an evening pass that they must earn, shelter residents are expected back inside by 5 p.m.

At Good Samaritan, that discipline, and the Christian faith that drives it, is served up in loving spoonfuls.

So far this year, it has helped 79 homeless women and children get back on their feet.

While the shelter and its staff are most directly involved with them, there are many good people from throughout the community making this possible.

They may donate money and food, volunteer their services, or, as a Saginaw Valley State University class recently did, remodel another room at the shelter.

Bay Regional Medical Center donated the old Samaritan Hospital building in the middle of a mission

fundraising drive to buy the place in 2004. The hospital was closed in 1979 and was used as a substance abuse treatment center until funding for that began to dry up early this century.

Considering its past, it seems the Samaritan building has come full circle.

Helping make people whole again.

Showing them the ways to survive and thrive.

Addressing a big problem in our community - down and out single women with children.

It's working.

Just look at the goals one young, single mother has for her son after an aimless life found her in the homeless shelter:

"I want to see him go to school and graduate and go to college. And, not having a kid until he goes to college and has a plan where he can support a family."

Embroider that, frame it and hang it on the wall.

- Our View is the editorial opinion of The Bay City Times, as determined by the newspaper's editorial board, which includes the editorial page editor,

the editor and the publisher.

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Michigan Report

April 25, 2007

CIVIL SERVICE TO REVIEW LAYOFF RULES NEXT WEEK

The state would be able to lay off non-union employees for up to 20 days each year without affecting the employees' service time under rules to be considered by the Civil Service Commission next week.

Unlike indefinite layoffs, the temporary layoffs would count as service days toward insurance, leave time and retirement benefit accruals. And employees would not be able to use seniority bumping or leave time to avoid the unpaid days.

Joe Slovinski, spokesperson for the department, said the proposal mirrors provisions that are in many of the union contracts allowing for temporary layoffs.

"It allows agencies to have a contingency plan to deal with the budgetary crises," Mr. Slovinski said of the proposed [rule](#).

The rule requires that any employees to be placed on temporary layoff be given advance written notice of the unpaid days. Officials were still determining Wednesday what appropriate notice would be.

Mr. Slovinski said the department has received some 200 emails from employees concerned about the proposal, mostly because of the number of days allowed.

The rule replaces provisions for furlough days and hours, which allowed agencies to require employees to take unpaid time off. Those rules also specified days in the 2003-04 fiscal year that employees were required to take off unpaid as part of efforts to balance that budget.

MIRS

April 25, 2007

Are Layoffs A Scare Tactic?

The Michigan Republican Party (MRP) Chair said yes. Sen. Gretchen **WHITMER (D-East Lansing) said no.**

The issue is the governor's possible move to temporarily layoff some 15,000 non-unionized state servants in order to balance the books. The administration has asked the Civil Service Commission (CSC) to rewrite the rules to set the stage for possible 20-day layoffs of Nonexclusively Represented Employees (NEREs) (See "**20-Day Temporary Layoff In the Works**," 4/23/07).

Michigan GOP Chair Saul **ANUZIS** dismissed the proposal this way:

"I think this is another scare tactic by this governor...putting this on the backs of state workers...is grossly unfair by the governor."

Coming to the administration's defense is Whitmer, who has many of those workers in her district. She said the possibility of a temporary layoff of up to 20 days is causing "consternation," but it's the direct result of inaction by the Legislature.

"It's time to stop dilly-dallying around," she said, as she grows increasingly frustrated by the lack of a solution to the deficit problem. She said the CSC proposal is not a scare tactic, suggesting instead that the time off is "very real...the state is running out of money."

One of those civil servants, Jack **KNOREK**, told *MIRS* not getting paid for two pay periods has him wondering how he'll make the mortgage payment, but he says "fair is fair" and he's willing to make the sacrifice if needed.

Note that the governor has not made the decision to order the time off without pay, but she wants the option to do it if lawmakers don't find a different solution. While some may call that good management, Anuzis does not.

"It would have been good management to do that in October of last year...why wasn't she talking about this in the election cycle?"

The commission is slated to vote on the rule change next Wednesday.

*(Contributed by Senior Capital Correspondent Tim **SKUBICK**.)*

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April 26, 2007

Letter

Don't balance budget on backs of the poor

Rabbi Aaron Bergman makes an impassioned point regarding the need to protect the dignity of the poor population ("Infantilizing the poor chains them to poverty," April 3). His poignant message is also timely, as the crisis that is Michigan's economy is growing more abysmal by the day.

These are especially difficult times for the state -- times that mandate our state leaders not only look past tired partisan politics and walk together to the "sensible center," but times that also mandate our elected officials to craft a state budget that is based on moral principles.

Matters of importance such as economic justice, social responsibility, respect for human dignity and the pursuit of the common good all must be present when our leaders come to the table, a table where Michigan's moral fiber will be based upon how those departments and programs that assist the impoverished, destitute, voiceless and homeless will be funded.

Will the Medicaid program and those who provide assistance to Medicaid patients be fully funded, or will the poor lose access to necessary health care? Will mental health, child protective services, foster care and adoption programs see a brighter day, or will our children and those with disabilities become subject to the state's chopping block?

From the Catholic Church's perspective, there must be a preferential option for the poor and vulnerable.

Paul A. Long

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Michigan Catholic Conference

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Magnetic blue ribbons highlight Child Abuse Prevention Month

April 26, 2007

LANSING – The Children's Trust Fund (CTF) today donated more than 700 magnetic blue ribbons to the Michigan State Police calling attention to the cooperative efforts needed to prevent child abuse.

Governor Jennifer M. Granholm declared April 2007 as Child Abuse Prevention Month in Michigan, stressing the importance of preventing child abuse. The Children's Trust Fund, the Michigan Department of Human Services (DHS) and the Michigan State Police all work cooperatively with a number of public and private organizations to prevent child abuse and neglect.

"These blue ribbons help remind everyone that we all share a role in preventing child abuse and neglect," said Marianne Udow, DHS Director and a member of the CTF Board of Director. "Providing access to the tools and support that parents and caretakers need will help ensure that children have safe and healthy homes."

The blue ribbon has been widely recognized in recent years as a national symbol of child abuse awareness. This movement began in 1989 when a concerned grandmother, Bonnie Finney of Norfolk, Va., took a stand against child abuse after her grandson died. She tied a symbolic blue ribbon to her van as a signal to her community of her personal commitment to involve everyone in the battle to stop child abuse. The spirit of her blue ribbon grew, and it inspired a statewide community based effort to join forces in this tragic battle.

The Children's Trust Fund (CTF) is a statewide non-profit organization dedicated to preventing child abuse and neglect. The CTF works in partnership with its 72 local councils that serve 81 of Michigan's 83 counties. Local councils are independent, community-based organizations that identify needs and facilitate collaborative prevention programs for children and families in their community.

"Child abuse prevention is best done at the local level," CTF Chairwoman Nancy Moody said. "The Children's Trust Fund must increase its efforts to empower our local councils across the state to halt the abuse and stop the abusers."

The Michigan State Police also plays an important role in protecting Michigan's families and children by providing investigative resources to law enforcement agencies through Michigan's Missing Child Information Clearinghouse, working with schools and community groups to promote safety through the Teaching Educating And Mentoring (TEAM) School Liaison Program, and by providing training to foster care and child protective services workers.

"We will proudly display these blue ribbons on our patrol cars as a visible sign of our commitment to protecting Michigan's youngest citizens," MSP Director Col. Peter C. Munoz said. "Join us in putting an end to child abuse."

For more information about the Children's Trust Fund, visit the Web site at www.michigan.gov/ctf

For more information about the Michigan State Police, visit the Web site at www.michigan.gov/msp